



**CITY OF TEMPE**  
**2021 SUMMER YOUTH VOLUNTEER PROGRAM**  
City of Tempe \* Volunteer Office \* 3500 S. Rural Rd., Suite 201, Tempe, AZ 85282 \* 480-350-5190  
**Please print clearly in ink and fill form out completely**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: Male / Female T-SHIRT SIZE: \_\_\_\_\_

SCHOOL YOU ATTEND: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you volunteered with us before? Yes / No

If yes, please list past program(s): \_\_\_\_\_

\_\_\_\_\_

Other volunteer or work experience: \_\_\_\_\_

\_\_\_\_\_

Special skills or areas of interest: \_\_\_\_\_

\_\_\_\_\_

Are there any medical, physical or emotional circumstances that might limit or influence your volunteer service (please be specific and honest): \_\_\_\_\_

\_\_\_\_\_

PLEASE INDICATE THE PROGRAM(S) YOU ARE INTERESTED IN

Adapted Rec Camp Challenge		Tempe Public Library – Summer Reading	
Art & Culture Instructors' Assistant		Tempe History Museum - Program Aide	
Escalante Kamp Kool		Volunteer Office - Special Events	
Junior Lifeguard		Volunteer 101 Bootcamp	

How many hours per week would you like to volunteer? \_\_\_\_\_

PLEASE WRITE IN THE TIMES YOU ARE AVAILABLE TO WORK

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please list any vacation dates you are planning in June and July 2019:

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Please list one of your teachers/program advisors as a reference:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY THIS PERSON:**

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL AUTHORIZATION:**

I authorize the City of Tempe to obtain emergency transportation and any medical treatment necessary for my son or daughter in the event of injury or illness. I understand and agree to the above terms and agree to allow my son or daughter to participate in the City of Tempe volunteer program.

\_\_\_\_\_  
Parent or Guardian Name Date

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Volunteer Signature Date

For staff use only:

Assignment: \_\_\_\_\_ Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Schedule: \_\_\_\_\_ Acknowledgement: \_\_\_\_\_ Computer: \_\_\_\_\_



**CITY OF TEMPE**  
**2021 JUNIOR LIFEGUARD VOLUNTEER APPLICATION**

*Kiwanis Recreation Center 6111 S. All America Way, Tempe AZ 85283 \* (480) 350-5731*

Application due by April 30th, 2021

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please order the priority of where you would like to work with a 1 or 2:

☐

**Kiwanis**

☐

**Escalante**

Will you be 12 years old by May 31<sup>st</sup> , 2021?

**YES NO**

Will you be 15 years old by May 16<sup>th</sup> , 2021?

**YES NO**

Please list any vacation dates and/or reoccurring events: (Summer school, sport practices, church)

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ESSAY– Please write one paragraph explaining why you want to be a Junior Lifeguard.

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Return this application to:  
Kiwanis Recreation Center: ATTN: Clarissa Knorr  
6111 S. All America Way. Tempe, AZ 85283

Or email to [Clarissa\\_Knorr@Tempe.gov](mailto:Clarissa_Knorr@Tempe.gov)